

ATTORNEY DOCKET NO. 14014.0252U3
VIA EFS-WEB
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------------|---|---------------------------|
| In re Application of |) | |
| |) | |
| Chiorini et al. |) | Art Unit: 1633 |
| |) | |
| Application No. 10/719,311 |) | Examiner: Kaushal, Sumesh |
| |) | |
| Filing Date: November 20, 2003 |) | Confirmation No. 3284 |
| |) | |
| For: AAV4 VECTOR AND USES THEREOF |) | |

REQUEST FOR EXTENSION OF TIME

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

It is respectfully requested that an extension of time for the period indicated below be granted in accordance with the provisions of 37 C.F.R. Section 1.136 to take action required in the application identified in the caption, as reflected by the papers submitted herewith:

| | | | |
|-------------------------------------|--------------|------------|---------------|
| <input type="checkbox"/> | One Month | \$120.00 | (\$ 60.00)* |
| <input type="checkbox"/> | Two Months | \$460.00 | (\$230.00)* |
| <input checked="" type="checkbox"/> | Three Months | \$1,050.00 | (\$525.00)* |
| <input type="checkbox"/> | Four Months | \$1,640.00 | (\$820.00)* |
| <input type="checkbox"/> | Five Months | \$2,230.00 | (\$1,115.00)* |

* Small Entity

Refund Ref: 01/05/2009 CKHLOK
09/30/2008 INTERSW 00002675 10719311
01 FC:1253 -1050.00 OP

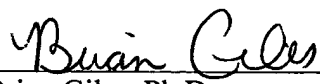
Refund Ref: 01/05/2009 0030065228

Credit Card Refund Total: \$1050.00


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Application No. 10/719,311

A Credit Card Payment submitted via EFS WEB authorizing payment in the amount of \$1,860.00, representing \$1,050.00 for the fee for a large entity under 37 C.F.R. § 1.17(a)(3) for a Three (3) Month Extension of Time and \$810.00 for the Request for Continued Examination (RCE) fee for a large entity under 37 C.F.R. § 1.17(e), a Request for Continued Examination (RCE), and an Amendment and Response to Office Action are hereby enclosed. This amount is believed to be correct; however, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-0629.

Respectfully submitted,


P. Brian Giles, Ph.D.
Registration No. 57,896

BALLARD SPAHR ANDREWS & INGERSOLL, LLP
Customer Number 36339
(678) 420-9300
(678) 420-9301 (fax)

| CERTIFICATE OF ELECTRONIC TRANSMISSION UNDER 37 C.F.R. § 1.8 | | | |
|---|---|------|-----------|
| I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via electronic transmission via EFS-Web on the date indicated below. | | | |
| Name of Person Signing (Print/Type) | P. Brian Giles, Ph.D. | | |
| Signature |  | Date | 9-29-2008 |

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-----------------------------------|---|-----------------------------|-------------|--|--|----|--|--|--|
| 1 Date of Request: 12/31/08 | | 2 Serial/Patent # 10719311 | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | |
| | Filing | | | \$ | | | | | | |
| | Amendment | | | \$ | | | | | | |
| X | Extension of Time | | 09/29/08 | \$ 1,050.00 | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | |
| | Petition | | | \$ | | | | | | |
| | Issue | | | \$ | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | |
| | Maintenance | | | \$ | | | | | | |
| | Assignment | | | \$ | | | | | | |
| | Other | | | \$ | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | \$ 1,050.00 | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: CREDIT CARD | | | | | | | | |
| | Overpayment | Treasury Check | | | | | | | | |
| | Duplicate Payment | Credit Deposit A/C #: | | | | | | | | |
| X | No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | -- | | | |
| | | -- | | | | | | | | |
| Extension of time fee paid after the maximum period for reply | | | | | | | | | | |
| | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: Christina Tartera Donnell | | TITLE: Petitions Attorney | | | | | | | | |
| SIGNATURE: /christina tartera donnell/ | | PHONE: 571-272-3211 | | | | | | | | |
| OFFICE: Office of Petitions - 4700 | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: | | DATE: 1/5/09 | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: